



**COUNTY OF HUMBOLDT
DEPARTMENT OF PUBLIC WORKS
TRANSPORTATION PERMIT REQUEST**

EMAIL OR FAX COMPLETED FORM WITH: COPY OF STATE PERMIT AND COPY OF CHECK TO: publicworkspermits@co.humboldt.ca.us OR 707-445-7388, ATTENTION: PERMIT SPECIALIST (PHONE 707-445-7205) MAIL CHECK TO: 3015 H STREET, ROOM 124, EUREKA CA 95501-4409	DATES REQUESTED FROM: TO:																				
NAME: ADDRESS: CITY/STATE/ZIP:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td align="center" colspan="4">MOVEMENT AUTHORIZED</td> </tr> <tr> <td></td> <td align="center">3AM</td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>SATURDAY:</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> <tr> <td>SUNDAY:</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> <tr> <td>DARKNESS (CVC 280)</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table>	MOVEMENT AUTHORIZED					3AM	YES	NO	SATURDAY:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SUNDAY:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DARKNESS (CVC 280)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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DARKNESS (CVC 280)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																		
CUSTOMER CONTACT:	NUMBER OF TRIPS (\$16 PER TRIP):																				

Saturday, Sunday, and/or darkness movement is by **written special request only** and requires Director of Public Works approval. Please call for processing time and required details.

OFFICE PHONE NUMBER (INCLUDE AREA CODE)	FAX PHONE NUMBER (INCLUDE AREA CODE)
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DESCRIPTION OF LOAD OR EQUIPMENT AND MODEL No.: HAUL DRIVE TOW

DIMENSIONS OF LOAD:

DESCRIPTION OF HAULING EQUIPMENT

VEHICLE WIDTH:	KING PIN TO REAR AXLE LENGTH:	SEMI-TRAILER LENGTH:	COMB. VEHICLE LENGTH:
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KINGPIN TO REAR AXLE LENGTH DOES NOT APPLY TO 48' TRAILERS ON THE CA NATIONAL NETWORK AND TERMINAL ROUTES

AXLE NUMBER	1	2	3	4	5	6	7	8	9	10	11
NUMBER OF TIRES PER AXLE											
DISTANCE BETWEEN AXLES											
WIDTH OF AXLES AT TIRE SIDEWALLS											
MAXIMUM ALLOWABLE WEIGHT											

NOT TO EXCEED THE DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE

MAXIMUM HEIGHT:	MAXIMUM WIDTH:	MAXIMUM OVERALL LENGTH:	MAXIMUM OVERHANG:
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ORIGIN:	DESTINATION:
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REQUESTED ROUTE:

PERMIT SERVICE NAME:	PERMIT SERVICE CONTACT:	PERMIT SERVICE PHONE:
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